fer to the post of Advisor, Deputy Advisor, Asstt. Advisor and Research Officers in the Department of ISM &H is suitability of the incumbent as per the prescribed recruitment rules for the said posts and public interest.

(b) The posts are interchangeable between Department of ISM&H and CGHS. However, the posts are not interchangeable between the Department of ISM&H/CGHS and Government Laboratories.

(c) No ISM&H physician has been transferred from ISM&H to CGHS during the last 3-4 years.

(d) Yes, Sir.

Complaints regarding financal assistance to needy patients from Minister's discretionary grant

2535. DR. D. VENKATESHWAR RAO: Will the PRIME MINISTER be pleased to state:

(a) whether Government have received complaints from various States particularly Andhra Pradesh, relating to provision of financial assistance from the Minister's discretionary grant to the needy patients during the current year;

(b) if so, the details thereof;

(c) whether Government have taken any action on these complaints;

(d) if so, the details thereof; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) No, Sir.

(b) to (e) Do not arise.

Limit of financial assistance for treatment abroad

2536. SHRI PARAG CHALIHA: Will the PRIME MINISTER be pleased to state:

(a) what are the details of amounts spent in each of the three preceding years on VVIPs treatment for which they had been sent abroad VVIP-wise, year-wise;

(b) whether the treatment facilities were not available in India;

(c) whether there is any limit upto which financial assistance can be given for such treatment;

(d) if so, the details thereof and what are the criteria to decide upon sending them abroad for treatment; and

(e) what steps Government have taken/contemplate to take to improve the medical facilities in Indian hospitals?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) The information is given in the statement attached (*See* below).

(b) to (d) The cases for treatment abroad are dealt with under Rule 11 of the CS(MA) Rules 1944, according to which a Government servant is eligible for treatment abroad on the recommendation of the Standing Committee of Medical Experts set up for the purpose under the said Rules. Such cases are decided by the Standing Committee on the merits of each case, keeping in view the entire range of madical complications involved. The scale of expenditure and the eligibility for treatment for which a Government servant or a member of his family shall be entitled, shall be identical to the scale of expenditure and the eligibility of an Offi-

cial of the Indian Foreign Service of the corresponding grade in the External Affairs under any Assisted Medical Attendance Scheme for ihe time being in force.

(e) "Health' is a state subject. It is for the concerned State Governments to strengthen the medical facilities in the Tiospitals in their respective States. Central Government has established specialised Institutes, like A11MS. New Delhi. PGI, Chandigarh, JIPMER. Pondicherry, where advanced tertiary care facilities are available.

Statement

Former Governors/Lt. Governors, Former Prime Ministers, Union Ministers, Judges and members of Parliament referred for treatment abroad under Rule 11 *of CS(MA) rules, 1944 during the years* 1994-95 *to* 1996-97

S.No.	Name and designation	Expr. incurred
	1994.95	
(1)	Dr. Sanjay Singh, Member of Parliament (Rajya Sabha)	Rs. 2,75,307.00
(2)	Sh. Sharam Kaur, Minister of Welfare	Rs. 9,73,454.00 US $ 14,094.29 UK £ 559.68
(3)	Smt. Shila Kaul, Minister of Urban Development	Rs. 5,20,372.00
(4)	Shri Chunni Lal Sharma Member of Parliament (Lok Sabha)	Information being collected.
(5)	Shri Arjun Singh, Minister of Human Resource Development	Rs. 8,90,305.00
	1995.96	
(1)	Shri P. Upendra, Member of Parliament	Rs. 5,36,181.00
(2)	Shri A.K. Panja, Minister of State for Coal	Rs. 47,94,263.00
(3)	Shri C.K. Jaffar Sheriff, Minister of Railways	Rs. 4,74,360.00 U.K. £ 54,885.88
(4)	Shri M.M. Hashim, Member of Parliament	Rs. 1,01,513.00
(5)	Smt. Suraj Kanwar Shah w/o Maharaja Manabendra Shah Member of Parliament	U.K. £ 5,702.00 Rs. 1,31,712.00
(6)	Smt. Manjit Kaur, w/o Shri Bala Singh Minister	U.K. £ 21,460.35 (excluding air travel)
(7)	Shri Kamal Ram, Member of Parliament	Rs. 9,90,653.00
(8)	Shri Sukh Ram, Minister of State	Rs. 23,21,836.00

S.No.	Name and designation	Expr. incurred
(9)	Shri Ankush Rao R. Tope, Member of Parliament	UK £17,485.10 Rs. 5,14,082.00
(10)	Shri Ram Niwas Mirdha, Member of Parliament	Rs. 15,58,341.00
(11)	Shri Kailash Narain Sarang Member of Parliament (Rajya Sabha)	Rs. 13,55,906.00
(12)	Justice S.R. Pandian, Chairman Vth Pay Commission	Rs. 1,58,414.00
(13)	Shri Tej Singh Rao Bhonsle, Member of Parliament	Rs. 6,32,399.00
	1996-97	
(1)	Shri G.C. Saxena, Ex-Governor, J&K	U.S. $ 3313.33
(2)	Dr. (Mrs.) Rajnbir Kumari Bajaj Lt. Governor, Pondicherry	US $ 34432.00
(3)	Shri V.P. Singh, Ex-Prime Minister of India	Rs. 5,19,656.00

*This list does not include those of other categories sent for treatment abroad under rule 11 of CS(MA) Rules, 1944 during the concerned year.

बिहार में "सन् 2000 ई० तक सभी के लिए स्वास्थ्य

2537. **श्री रामगोपाल यादव** : क्या **प्रधान मंत्री** यह बताने की कृपा करेंगे कि :

(क) क्या सरकार ने बिहार में सन् "2000 ई० तक सभी के लिए स्वास्थ्य" परियोजना प्रारम्भ कर दी है ;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है ;

(ग) क्या सरकार का ऐसी परियोजनाएं अन्य राज्यों विशेषकर उत्तर प्रदेश में भी प्रारम्भ करने का विचार है ;

(घ) यदि हां, तो यह परियोजना कब तक पूरी हो जाने की संभावना है; और

(ङ) यदि नहीं तो इसके क्या कारण हैं ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती रेणुका चौधरी): (क) और (ख) "सन् 2000 तक सभी के लिए स्वास्थ्य" जैसी कोई परियोजना नहीं है । सभी के लिए स्वास्थ्य देश की स्वास्थ्य नीति का समग्र लक्ष्य है । स्वास्थ्य परिचर्या, विशेष रूप से निर्धन तथा लाभ-वंचित लोगों के लिए सेवाओं में सुधार स्वास्थ्य परिचर्या की व्यवस्था से संबंधित सभी लोगों का एक उद्देश्य बना हुआ है। प्रत्येक राज्य सरकार विभिन्न उपायों के माध्यम से जिनमें कुछ राष्ट्रीय कार्यक्रमों का कार्यान्वयन, स्वास्थ्य अवसंरचना के नवीकरण तथा आधुनिकीकरण तथा चिकित्सा कार्मिक शक्ति, विशेष रूप से ग्रामीण क्षेत्रों में वृद्धि करके लोगों को बेहतर स्वास्थ्य परिचर्या प्रदान करना चाहती है ।

(ग) से (ङ) ये प्रश्न नहीं उठते ।